OUF 25639

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 8 7 37 4 14												24.	_
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			10				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER F	ILED	· NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			(7) minus 20=		• 🔀			X\$ 9=	VA	OR	X\$18=	\	
INDEPENDENT CLAIMS			(3 mil	nus 3 =				X40=	W	OR	X80=	\/ ·	
MULTIPLE DEPENDENT CLAIM P							t		A			\wedge	
* If the difference in column 1 is less than zero, enter "0" in column 2						Ĺ	+135=	/ \ 0= 4	OR	+270=	/ \	:	
DAL CLAIMS AS AMENDED - PART II								TOTAL	(802)	OR	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 30	Minus	·	10	- 10	Ī	X\$ 9=		OR	X\$18=	180	
	Independent	. 6	Minus	***	<u> </u>	= 3	Ī	X40=		OR	X80≖	252	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			+270=		
							L	TOTAL		OR	TOTAL	247 4	
يخ	(Column 1) (Column 2) (Column 3							DDIT. FEE		OR	ADDIT. FEE	702	7
AMENDMENT B		CLAIMS REMAINING AFTER		HIGH	HEST HBER OUSLY	RRESENT	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	• 30	Minus	PAID	FOR	=	-	X\$ 9=	FEE		X\$18=	FEE	
	Independent	. 6	Minus	•••	6	=	┟	X40=		OR	X80=		
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A40=		OR	×60= \		
BEST AVAILABLE CC.								+135=		OR	+270=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		١			_								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	ï	
	Independent	•	Minus	***		=		X40=			X80=		ł
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740-		OR			1
1. If the option is solven 1 to loss than the option is option 0 units 100 to option 0										OR	+270=		
••	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Numb r Previously Paid F r" IN THIS SPACE is less than 20, enter "20." " If the "Highest Numb r Previously Paid F r" IN THIS SPACE is less than 3, enter "3." The "High st Number Previously Paid F r" (Total or Independent) is the highest number found in the appropriate box in column 1.												